

## Board Determination of Dangerousness

### 1. *Magnitude, Likelihood, Imminence and Frequency*

The second decision at a commitment hearing is determining whether a person is dangerous—not only whether dangerousness *is present*, but also *to what extent* risk of violence or dangerousness toward self or others exists. Areas of dangerousness include: Suicide threat (verbal), suicide attempt, homicide threat (verbal), homicide attempt, threats to physically harm others, (verbal or nonverbal), destruction of property, and inability to provide the basic needs of food, clothing, shelter, safety, and medical care.

Dangerousness risk is a complex interaction of four factors of **Magnitude, Likelihood, Imminence, and Frequency (MLIF)**. Considering each of these factors can help assess the potential for violence.

\* **Magnitude** of danger concerns the level of danger presented. For example, threats to harm people would be considered more dangerous than threats to harm property; threats of physical harm to others would be more serious than psychological threats. The use of a weapon escalates the risk of danger, of course, but the choice of weapon must be taken into consideration. The harm posed by a gun would be greater than that posed by a knife because a gun is five times more likely to cause death than a knife.

\* **Likelihood** of dangerousness is the probability of occurrence of violence. While the best predictor of violence is past history of violence, research has shown that there are eight demographic elements which correlate statistically with an increased risk of violence:

1. Age: Violence peaks in the late teens and early 20's
2. Gender: Males are more violent than females. However, among the SPMI mentally ill population (Severely and Persistently Mentally Ill), the ratio of violent and aggressive acts is the same for males and females

3. Social Class: Lower socio-economic class members experience more street violence
4. IQ: Individuals with lower IQ's demonstrate more violence which may be related to an inability to talk out concerns or articulate needs
5. Education: Lower levels of educational achievement are associated with more violence
6. Employment: Risk of violence increases with job instability
7. Residence: Risk of violence increases with frequent changes of residence
8. Substance abuse: *Use of marijuana, alcohol, and other drugs increases the risk of violent behavior three-fold*; especially use of stimulants such as methamphetamine which reduce inhibitions and increase paranoia

\* **Imminence** of danger, how soon the danger might occur, is contained in the statute's description as "near future." Each mental health board should have a working consensus of the definition of imminent—whether it is defined as right now, or within twenty-four hours, the most commonly used time frame. Having this time definition set before being placed under pressure to make a decision regarding a commitment is helpful. The sooner violence may occur, the greater the risk of danger due to not having a chance to mitigate circumstances or provide protection.

\* **Frequency** is a factor when considering risks of dangerousness. Future violence is best predicted by past violence, as mentioned in likelihood of violence. The frequency of occurrence is a clear indicator that a pattern has been set and may be reoccurring.

## 2. Risk Factors

Risk factors can be static or dynamic. Some risks can be changed, for example, by taking away a weapon or the availability of a weapon. Another example could be when psychosis is altered by enforcing oral medication compliance or by prescribing anti-psychotic medication delivered by injection, which can last from 2 to 4 weeks. The presence of a mental illness may be static, but the risks and deficits engendered by that condition may fluctuate.

It is important to note that the majority of the mentally ill population is not violent and dangerous, anymore than the majority of the general population. In fact, the percentage of overall violence in society attributed to those with mental illness or substance dependency is only **3%**. However, the likelihood of violence increases if a person's illness is active and in an acute stage. This is especially true if the illness is acute and psychotic. *Delusions* are more dangerous than hallucinations, especially when they are well organized, specific, and persecutory, i.e. "Blue-eyed people are really aliens who are out to get me." *Hallucinations* present a higher risk of violence if they are command auditory hallucinations, voices which command an individual to obey. If the command voice is familiar, like that of a parent, the person is more likely to obey the command. The most dangerous situation occurs when delusions are related to command hallucinations, with the delusions causing the hallucinations to make sense to the person, i.e., "Aliens are trying to take over the earth by replacing people with robots. My wife has been replaced with a robot. My deceased mother's voice whispers to me the only way I can get my wife back is to kill the robot imposter."

There are also risks from other forms of mental illness. While paranoid schizophrenia in an acute stage is more dangerous due to delusions and hallucinations, depression carries with it the risk of suicide. Those with manic mood symptoms may make more threats but cause less harm. People with personality disorders, especially those diagnosed with antisocial personality disorder who have no remorse for their behavior, and those who are impulsive, unable to accept redirection, pose a greater risk for violence.

Risk can also be assessed according to the potential for severity and occurrence, as delineated by the LOCUS parameters developed in 1997 by the American Association of

Community Psychiatrists. The **Level Of Care Utilization System** rates potential for harm to self or others from minimal potential to extreme potential. An example of the rating system follows.

- Low potential for dangerousness: no indication of suicidal or homicidal thoughts or impulses; no history of suicidal or homicidal ideation; no indication of distress
- Moderate potential for dangerous behavior: significant current suicidal or homicidal ideation without intent or conscious plan and without past history; current distress may be present without active ideation, but a history of suicidal/homicidal behavior exists; past binge use of substances resulting in lack of inhibition and aggression towards others or self without recent episodes of such behavior; some evidence of self-neglect and compromise in ability to care for self
- Extreme potential for dangerous behaviors: current suicidal or homicidal behavior or intentions with a plan and means to carry out the plan; with a history of serious past attempts; or presence of command hallucinations or delusions which threaten to override impulse control; repeated episodes of violence toward self or others, or other behaviors resulting in likely harm to self or others while under the influence of alcohol or drugs; extreme inability to care for self or monitor the environment with deterioration in physical condition or injury related to these deficits.

Low potential correlates with consequences unlikely to result in harm, injury, property destruction, or no life threatening incidences. Even if imminent, the magnitude of danger would be lower. Moderate potential would present greater magnitude, not as imminent, with consequences likely to result in harm, injury, or property destruction but without life threatening consequences. Extreme potential for dangerous behaviors is an acute level—high magnitude,

imminent risk with consequences likely to include loss of life, limb, and/or major property destruction.

### *3. Spectrum of Aggressive Behavior*

Aggressive behavior also falls along a spectrum--from verbal threats to severe injury. The following list of behaviors ranges from mild at number (a) to serious danger at number (d).

#### VERBAL AGGRESSION

- (a) Makes loud noises, shouts angrily;
- (b) Yells mild personal insults, e.g. "You're stupid!";
- (c) Curses viciously, uses foul language in anger, makes moderate threats to others or self; or
- (d) Makes clear threats of violence toward others or self, i.e. "I'm going to kill you!" or requests help to control self.

#### PHYSICAL AGGRESSION AGAINST OBJECTS

- (a) Slams door, scatters clothing, makes a mess;
- (b) Throws objects down, kicks furniture without breaking it, marks the wall;
- (c) Breaks objects, smashes windows; or
- (d) Sets fires, throws objects dangerously.

#### PHYSICAL AGGRESSION AGAINST SELF

- (a) Hits or scratches skin, hits self on arms or body, pinches self, pulls hair (with no or minor injury);
- (b) Bangs head, hits fist into object, throws self onto floor or into objects (hurts self without serious injury);
- (c) Small cuts or bruises, minor burns; or
- (d) Mutilates self, makes deep cuts, bites that bleed, internal injury, fractures, loss of consciousness, loss of teeth.

#### PHYSICAL AGGRESSION AGAINST OTHERS

- (a) Makes threatening gestures, swings at people, grabs at clothes;
- (b) Strikes, kicks, pushes, pulls hair (without injury);
- (c) Attacks others causing mild/moderate physical injury (bruises, sprains, welts); or
- (d) Attacks others causing severe physical injury (broken bones, deep lacerations, internal injury).

### *4. Danger to Self: Suicide*

An additional type of dangerousness a mental health board must determine is that of danger to self. When discussing the risks of dangerousness to self and suicide, several terms need to be defined:

- *Suicidal Ideation*—thoughts of ending one's own life  
Passive Ideation—thoughts without a plan  
Active Ideation—thoughts accompanied by a plan
- *Suicidal gesture*—self-inflicted harm done without a realistic expectation of death; possibly an attention-getting plea
- *Suicide attempt*—self-inflicted harm with clear expectation of death

Statistics from the year 2000 indicate that suicide is attempted 1,000,000 (one million) times a year. Of those attempted suicides, 1 in 18 is completed, with an annual death rate of 31,000.

One third of the population will have suicidal thoughts in their lifetime. Any threat, gesture, or act related to suicide needs to be taken seriously. The belief that a person who talks about suicide will not attempt it, is a fallacy.

The aim of suicide is not always death—it can be a cry for help, an attempt to reunite with a deceased loved one, or an escape from a life which has become intolerable due to depression, illness, or circumstances. Another underlying goal may be revenge; the belief that those left behind will suffer for their negative treatment of the person. The risk of a completed suicide is increased by depression, substance use, and disorganized thinking like that characteristic of schizophrenia.

A scale for evaluating the danger risk for suicidal patients was developed by Patterson, called the SADPERSONS scale.

- S** = Sex: Women make more attempts than men; however, due to men's choice of method, their attempts are more often fatal (gun versus pills)  
**A** = Age: risk is greater for persons under 19 and over 45

**D** = Depression: greatly increases risk of suicide

**P** = Previous attempt: either by the person, or a family member (which makes suicide seem an acceptable choice when stressed)

**E** = Ethanol: alcohol use increases risk due to decreased judgment and increased impulsivity

**R** = Rational thinking: presence of impaired judgment

**S** = Social support: lack of meaningful, supportive relationships

**O** = Organized plan: the more organized the plan, greater the risk

**N** = No spouse: unmarried, divorced, widowed, separated people are at greater risk

**S** = Sickness: chronic debilitating conditions, pain

A signed contract for safety or no self-harm may decrease imminence of suicide and insure the possibility a person will not hurt himself at this time, but it is not a safeguard. Clients have willingly signed such a contract in order to avoid being taken into Emergency Protective Custody, or to get out of the mental health professional's office in order to make their planned attempt. There are several danger signs often found in the conversation of people who eventually attempt suicide. They include statements about hopelessness, helplessness, worthlessness, preoccupation with death and talk about suicide. Behaviors noted before suicide attempts were: losing interest in things previously cared about, setting affairs in order, and giving away prized possessions. Often people appeared suddenly happier, calmer, right before the attempt as though a decision had been made.

As with violence, the best predictor of suicide is history of previous attempts; or having a family member or close friend who completed suicide. The four factors of **Magnitude, Likelihood, Imminence** and **Frequency** can be applied to determining the risk of suicide as well. Information regarding the magnitude of harm, the proposed means of suicide, whether there is a family history of suicide the, and a history of previous attempts, is helpful in determining level of risk.

##### *5. Danger to Self: Self-neglect*

Suicide is not the only danger to self that a mental health board may encounter.

Dangerous self-neglect includes risks due to inability to provide for the basic human needs of food, clothing, shelter, safety, and medical care. Inability to care for self may result from mental illness or alcohol or drug use. Impairment in activities of daily living include appearance and hygiene falling below acceptable standards, disturbance in sleep or eating patterns, homelessness, or putting self in harm's way, such as walking down the middle of a highway.

Self-endangering behaviors may be evident in the life of an alcohol or a drug-dependent persons; for example, drinking or drug use which compounds medical problems yet the person doesn't stop substance use despite deterioration in physical health. An alcohol dependant person on a binge or a methamphetamine user may not eat for days. Frequently alcohol dependant persons can become depressed and express thoughts of suicide or wanting to die while intoxicated. Addicts may seriously deplete family resources to the point that money is gone--- leaving them and their families without resources for procuring food, shelter, clothing or medical needs. A substance dependent person may endanger not only his or her own life, but also the lives of others when driving while intoxicated or under the influence of drugs.

### **Information Required to Determine Commitment**

If not enough information about the four risk factors for dangerousness is presented to the board, members have a duty to discover any elements related to dangerousness by questioning the individual before them, the mental health professional, and any legal representatives. Questions about (1) the precipitating event that brought about the petition for a hearing, (2) the person's behavior and (3) past history will aid in determining dangerousness. A label of "dangerous" or "violent" applied to a person should not be accepted at face value, but must rest on a report of the incident and behavior. These facts must always be ascertained:

1. **WHAT:** The events, the person's behavior, diagnosis, presence or absence of mental illness or substance use
2. **WHO:** Identity of the victim(s). Research has shown that the mentally ill are most likely to commit violence on family members; if the victim is a stranger there is a higher risk
3. **WHEN:** Date, time, and importantly—frequency
4. **WHERE:** Circumstances as well as place
5. **WHY:** Attempt to determine what triggered the violence; was it in retaliation for an imagined or real event; what was the motivation behind the behavior (Note that a predatory or cold and calculated violent act is more often lethal than one arising from an emotional trigger of the moment)
6. **HOW:** Determine if there is a pattern by inquiring about past behavior, as discovering a pattern helps make a prediction

Research can't predict violence, but it has found elements statistically related to likelihood of violence. Answers to the following questions may help a mental health board in determining risk.

1. **MENTAL STATUS:** Was the person psychotic or intoxicated?
2. **MOTIVATION:** Was this a predatory or calculated and planned act, or was the affective acting out from emotional impulse?
3. **EMOTION:** What were the person's feelings before, during and after the event? Does the person express remorse for the act? (Fear and anger are most commonly associated with violent or aggressive acts; lack of remorse or lack of empathy for the victim is more dangerous)
4. **IMPULSE:** Has the person demonstrated unpredictable and impulsive behavior in the past? Over-controlled behavior? (Over-controlled behavior can also result in danger when long repressed emotions erupt suddenly, triggered by the proverbial "straw that broke the camel's back".)
5. **VICTIM(S):** Was the victim familiar and known or was the act perpetrated against a stranger?
6. **WEAPONS:** Related to the element of magnitude—was a weapon used? What weapon and what magnitude of harm either resulted or could have resulted? For example, was a plate thrown at the wall in anger or was a gun used?

7. STRESSORS: What were the biological or medical stressors affecting the person?  
Were there increased psychological or social stressors affecting their lives such as a lost job, broken relationship, recently diagnosed medical condition? (These would be listed on Axis IV of the DSM diagnosis)